

Policy & Procedures for Medicaid Approval of Hospice Care

- 1) Applicants to Medicaid approved hospice providers must be certified by their attending physician or hospice medical director to have a terminal illness with a life expectancy of six months or less. The certification for terminal illness is substantiated by “specific findings and other medical documentation including, but not limited to, medical records, labs, x-rays, pathology reports, etc.”
- 2) The hospice provider will be required to comply with all state and federal rules related to an individual’s election of the hospice benefit.
- 3) The hospice provider must establish a permanent medical record for each patient which documents eligibility for the Medicaid Hospice benefit based upon the medical criteria found in the Alabama Medicaid Agency Administrative Code Rule 560-X-51-.04. Pediatric cases and other diagnoses not found in the Administrative Code will be reviewed on a case by case basis.
- 4) Beginning February 1, 2006, all hospice providers certifying patient initial admission, recertification or hospice stays for six months or more must submit medical documentation to the LTC Admissions Records Unit for review. When approved the LTC Admissions/Records Unit will submit the dates of service to the LTC file. *After January 31, 2006, hospice providers will no longer have the capability to submit dates of service to the LTC file.*
- 5) When submitting records a cover sheet contained in Attachment I must accompany the medical record. Send the information to:

**Alabama Medicaid Agency
LTC Admissions/Records
P. O. Box 5624
Montgomery, AL 36103-5624**

- 6) The LTC Admissions/Records Nurse Reviewer will review the documentation to ensure the appropriateness of admission based on Medicaid’s medical criteria for admission as defined in the Alabama Medicaid Agency Administrative Code Rule No. 560-X-51-.04.
- 7) If there are no established criteria for the admitting hospice diagnosis, the Nurse Reviewer will perform a preliminary review of the documentation for terminality and the normal progression of the terminal disease. The Medicaid Agency’s Medical Director will make the final determination of approval or denial of the admission and continued stay in the Hospice Program for those diagnoses which have no established medical criteria.
- 8) When there is both medical and financial approval, the application dates will be added to the LTC file by staff in LTC Admissions/Records. The application should not be forwarded for medical review until financial eligibility has been established.

- 9) No hospice segment will be approved by LTC Admissions/Records staff for greater than six months. If a recipient remains on hospice beyond six months, the provider must submit documentation which supports continued appropriateness for hospice including documentation of the continued progression of the disease. This information should be forwarded to the LTC Admissions/Records Unit for review two weeks prior to the end of the six month certification period or the case will automatically close. If the documentation demonstrates progression of the terminal illness, then an additional six month certification period will be established and added to the LTC file by the Admissions/Records staff.
- 10) An acceptance will be faxed to the provider within 48 hours of completion of the review. This acceptance will notify the provider of the dates added to the file and may be used for billing of hospice claims.
- 11) Denial letters will be mailed to the provider within two working days.
- 12) All revocations and or discharges should be faxed to the LTC Admissions/Records Unit at (334)353-5901 (See Attachment II).

NOTE: Please retain the Provider Notice, Policy & Procedures and associated forms until such time as the Alabama Medicaid Agency Provider Manual, Chapter 18 on Hospice Care is updated.